



## **DISTRICT 14K FOOD DRIVE**

Club Name:

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Date of Donation:

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Number of pounds (estimate if unable to weigh) or  
Amount of Monetary Donation (\$1 = 9 pounds of food):

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Receiving Agency:

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Agency Representative (signature):

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**Please return completed form to  
Sharon Alexander @ Second Harvest**

Mail to:

6969 Silver Crest Road  
Nazareth PA 18064  
salexander@caclv.org

Or Fax to:

484-821-2278

Call Sharon at 484-287-4015 with any questions.